



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 27 Lincoln			District: 0519 Troy Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1285	No	FINLEY, MEME	0.38	_____
1	1286	No	HICKMAN, STACEY	4.50	_____
1	1287	No	JEX, DENISE C	0.25	_____
1	1288	No	TALLMADGE, PAMELA S	4.50	_____
1	1623	No	AKIN, JERRY	0.50	_____
1	1624	No	DOWNEY, AMELIA & JOHN	0.70	_____
1	2031	No	HOLZER, SOMMER	4.25	_____



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Date			Signature, Chair, Board of Trustees		
County: 27 Lincoln			District: 0520 Troy H S		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1289	No	JANSSEN, SUE	9.25	_____
1	1612	No	KLEINHESSELINK, VIRGINIA	2.50	_____
1	1613	No	MOUNTAIN, LISA	9.25	_____
1	1625	No	NUSSBAUM, TERRI	9.25	_____
1	2032	No	SMITH, REBECCA	1.50	_____



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Date			Signature, Chair, Board of Trustees			
County: 27 Lincoln			District: 0522 Libby K-12 Schools		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
4	1490	No	RHODES, PAM		5.50	_____
4	2379	No	Sweat, Rena		4.50	_____



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County: 27 Lincoln			District: 0527 Eureka Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
13	1626	No	BANEY, PAULA	0.38	_____
13	1627	No	FERGUSON, DIANA	0.25	_____
13	1628	No	MOCKO, TERRI	0.45	_____
13	1629	No	PLUID, SARAH	1.15	_____
13	1630	No	PRESCOTT, ANN	0.50	_____
13	1631	No	PRICE, ANGELA K	1.30	_____
13	1632	No	TAZER, KRISTINA	1.88	_____
13	1633	No	VAN DETLEY, TAMMY	1.00	_____
13	2378	No	Brown, Maggie R	0.38	_____
13	2424	No	Poth, Jackie	1.10	_____



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Date			Signature, Chair, Board of Trustees			
County: 27 Lincoln			District: 0533 Yaak Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
24	1634	No	FREUND, KELLEE		4.50	_____
24	1635	No	MOUNTAIN, LISA		4.50	_____